

CONSENT TO BE A RESEARCH PARTICIPANT IN _____
PROJECT'S SUPPORTIVE HOUSING EVALUATION STUDY

Goal of Study

The goal of the evaluation is to measure how effective the Supportive Housing Project is at improving your symptoms, functioning, and the overall quality of your life. (Name of county evaluator) and the State Department of Mental Health are conducting this evaluation. You have been asked to take part in this evaluation because you are receiving services from the Supportive Housing Project. The study will last three years.

Study Procedures

If you agree to participate, this is what will happen:

- 1) The project staff will provide the evaluators with demographic information about you (e.g., gender, ethnicity), background information, and information about services received from the Supportive Housing Project. This information will not include your name but will contain a client I.D. which will identify your information for the evaluation.
- 2) You will be asked to fill out the California Quality of Life form. This form asks you to rate your satisfaction with several aspects of your life. This form will take approximately 20-30 minutes to complete. This form will be sent to the evaluators. Again, it will not give your name, but will use a client I.D. number.
- 3) A mental health clinician will assess your mental health symptoms and provide this information to the evaluators. Again, the form will not contain your name but will use your client I.D. number
- 4) After you have been in the program for six months, you will be asked to fill out a consumer satisfaction form in order to find out if you are satisfied with the services you are receiving in the Supportive Housing Project. Again, the form will not contain your name but will use your client I.D. number. This form takes approximately 10 minutes to complete. This form will be mailed directly to the State Department of Mental Health evaluator.
- 5) Every six months that you are in the project, you will be asked to fill out all the forms and project staff will provide background information to the evaluators. Again, the forms will not contain your name but will use a client I.D. number.
- 6) This same information, with the exception of consumer satisfaction survey, is collected routinely when you receive mental health services. The only difference is that this information will be collected together with the same information from other clients of the supportive housing project in order to evaluate the services that are being provided.

Risks

The primary risk to you from participating in the study might be that someone not on the evaluation team might see confidential information about you. For example someone might see the forms you complete. To protect against this, we are using a client I.D. number instead of your name. Also, the consumer satisfaction form you fill out will be mailed directly to the State Department of Mental Health Evaluator so that any critical comments you make about the services received in the Supportive Housing Project will not be read by project staff. This information will be put together with information from other clients in the project and shared with project staff in a summary form so that comments cannot be linked to any individual.

You may experience some discomfort (such as anxiety or frustration) when asked personal questions. Staff will assist you if you become upset by such questions.

Potential Benefits

Your participation in the evaluation may benefit you by providing treatment and services in a more efficient and timely manner. The information you provide may benefit you by helping staff understand you better. Your comments may help improve the services provided. Your participation in the evaluation may not benefit you directly, but the information may be helpful in planning and reviewing the types of services provided to others in the future.

Questions

If you have other questions or evaluation related problems, you may contact (name of county evaluator) at (telephone number).

Voluntary Participation

Participation in this evaluation is entirely voluntary. You may refuse to participate or withdraw from the evaluation at any time. If you choose not to participate, your refusal will have no effect on your ability to receive services from the Supportive Housing Project.

Confidentiality

Evaluation information will be kept separate from any other records. You will be assigned a client I.D. number which will be used for all of the study information and will protect your confidentiality to the extent provided by law. This Consent-to-Participate form will be kept by county evaluator, (name of county evaluator). It may be reviewed by the state evaluator but no one else will have access to this information.

Consent

Your signature below gives your consent to participate in the Supportive Housing Evaluation study. It also confirms that you have been given a copy of the “Supportive Housing Initiative Evaluation Participants Bill of Rights” that describes your rights as a participant in this study. If you decline to participate, please write “Decline” across the bottom of the page & your initials.

Client’s signature

Date

Print Name

Legal Representative if necessary

Staff witness signature Date